

## Authors' reply

Sir,

We thank Dr. Bhushan Kumar for his interest in our article.<sup>[1]</sup> We would like remind to our readers that sometimes, original studies need to be shortened to letters in journals due to space constraints and large numbers of manuscripts.

The answers to the questions raised are as follows:

- (1) Homosexuality is defined as sexual behavior between members of the same gender. It is a well-established risk factor for sexually transmitted infections, including human immunodeficiency virus (HIV) infection. Previous studies have shown that sexual abuse in childhood can lead to lack of self-esteem and self-destructive behaviour, which in turn could lead to substance abuse, homosexual behaviour and commercial sexual activity.<sup>[2-6]</sup> The statistical significance was derived by the Pearson Chi-square test and applied to the data obtained.
- (2) Asymptomatic patients who were seropositive for syphilis were detected during health check-up for occupational purposes, and referred to our sexually transmitted infections clinic. When the date of initial infection could not be established, the diagnosis of latent syphilis was made on the basis of reactive non-treponemal and treponemal tests. The cut-off dilution for the diagnosis of syphilis was 1:8 in both HIV-positive and negative groups.
- (3) A combination of clinical and laboratory

examination methods were used for diagnosis, as stipulated by the Centers for Disease Control and Prevention guidelines (which is explained in detail in the original article). Each sexually transmitted infection was diagnosed using the criteria set by the official guidelines of the US Centers for Disease Control and Prevention.<sup>[6]</sup>

- (4,7) The percentage of contacts reporting to the clinic was 50%, and not 97%. Of these contacts, 97% were brought by their spouses, and the remaining 3% were contacts of unmarried patients. Our centre has a special clinic designated under the national sexually transmitted infections/reproductive tract infection prevention and control program, which is a joint implementation plan of the National AIDS Control Programme and the Reproductive and Child Health Programme of the Government of India. We have one trained counselor and two health inspectors.
- (5,6) We enrolled all contacts detected with sexually transmitted infections as individual patients, without labelling them separately as contacts. Condyloma acuminata and herpes genitalis were the most common infections among contacts.
- (8) Vulvovaginal candidiasis is included in the latest sexually transmitted diseases treatment guidelines of the Centers for Disease Control and Prevention. It can occur concomitantly with sexually transmitted diseases. Symptomatic vulvovaginal candidiasis is more frequent in women with HIV infection and correlates with the severity of immunodeficiency. It is also associated with increased levels of the virus in the cervico-vaginal areas in HIV-positive women

and with higher chances of seroconversion in seronegative women. While the treatment of partners is not advocated, examination is advisable since a few have balanitis.<sup>[7]</sup>

- (9) The question of “marital status” does not arise as polygamy (or polyandry) is defined as having more than one spouse. Besides the nine men, three women who have been classified under “polygamous” are those whose husbands had more than one wife. Theoretically, the husbands of these three women were polygamous, not the women. However it was the women who belonged to the study group with the risk factors of polygamy. The practice of polygamy is prevalent in North Kerala and has nothing to do with sexual behavior, although these individuals have multiple sexual contacts and the associated risks.
- (10) Four men (7% of the study population) were living separately from their spouses due to reasons such as marital discord, which is similar to not having any marital contact. Male migrant workers constituted 39% of the bridge population (a group of individuals who act as a link by sexual contact between high prevalence core groups and naive general population). These individuals also have infrequent contact with their marital partners.
- (11) Premarital sexual contact is more common in men. The greater number of unmarried men demonstrates the higher rate of premarital sexual exposure, when compared to unmarried women.

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#### Conflicts of interest

There are no conflicts of interest.

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